

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 1 7

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) -

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (n) as amended by Section
4714 (a) (1) (A) & (B) of D.L. 103.33

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (319.06)

b. FFY 2001 \$ (700.35)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

* Supplement 1 to Attachment 4.19 - B, P 2

Same (TN 00-16) pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise the payment methodology for Medicare Part B deductible / coinsurance for emergency ambulance services.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Governor does not review state plan material.

* Per State request dated 5/8/01

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by *John LaCoe*

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 27, 2000

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

March 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
Other Medicaid Beneficiaries	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
Dual Eligible (QMB Plus)	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
QMBs:	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -Title XVIII only services
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance Prescription Drugs
Other Medicaid Beneficiaries	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -Prescription Drugs
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance
Dual Eligible (QMB Plus)	Part A <u>MR</u> Deductibles	<u>MR</u> Coinsurance -Title XVIII only services
	Part B <u>MR</u> Deductibles	<u>MR</u> Coinsurance Prescription Drugs

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-27-00</u>	
DATE APP'VD <u>06-06-01</u>	
DATE EFF <u>03-01-00</u>	
HCFA 179 <u>LA-00-17</u>	

TN# 00-17 Approval Date 06-06-01 Effective Date 03-01-00
Supersedes
TN# 00-16